

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

**REPLACEMENT OF QUALIFYING AGENT
CONTRACT SECURITY COMPANY**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit the original letter from Thomson Prometric (formerly Experior) documenting that the qualifying agent has passed the Utah Security Personnel Law and Rules Examination.
2. Submit two (2) blue applicant fingerprint cards (Form FD-258) for the qualifying agent to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).
3. Submit a resume describing in detail the qualifying agent's 6,000 hours of qualifying experience as a manager, supervisor, or administrator of a contract security company or as a supervisor of a federal, state, county, or local law enforcement agency. Include information naming the contract security company(s) the qualifying agent worked for and the positions the qualifying agent held with each contract security company or law

enforcement agency. Describe in detail the supervisory or administrative responsibilities held in each position.

4. Submit a copy of the qualifying agent's driver's license or Utah identification card clearly indicating the driver's license number or Utah ID number.
5. Submit a "Request for Verification of Qualifying Experience" form (attached to this application) documenting the qualifying agent's qualifying experience consisting of 6,000 hours of experience as a manager, supervisor, or administrator of a contract security company or of supervisory experience with a federal, United States military, state, county, or municipal law enforcement agency.
6. Submit an **\$89.00** non-refundable application-processing fee, made payable to "DOPL," that includes a \$50.00 fee for the replacement of the qualifying agent, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search of the qualifying agent, and a \$24.00 surcharge for a FBI fingerprint file search of the qualifying agent.

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** The qualifying agent must pass the Utah Security Personnel Law and Rules Examination. Contact Thomson Prometric at 1-800-882-3981 to register.

A study guide, which has been prepared to assist candidates taking law exams, may also be purchased from Thomson Prometric. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Security Personnel Licensing Act
 - ☐ Security Personnel Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
 4. **Fingerprint Information:** All applicants are required to include two (2) applicant fingerprint cards with their application. Applicant fingerprint cards are supplied with the application if you obtain the application from DOPL or from Thomson Prometric. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station.

NOTE: DOPL will not roll your fingerprints. To have your fingerprints rolled, you must go to BCI or your local police station. We strongly recommend that you go directly to

BCI to roll your fingerprints and then include the complete fingerprint cards with your application. Fingerprint cards that are not complete and/or do not have adequate fingerprints will be rejected, leading to a delay in the licensure process.

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

1. \$10.00 fee for up to three fingerprint cards
2. Walk-ins only; no appointments taken
3. Open 8:00 a.m. - 5:00 p.m., Monday - Friday except holidays
4. Government-issued picture ID required (driver's license, state ID, passport, etc.)
5. Website: www.bci.utah.gov
6. Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangerter Highway, behind McDonalds)

REVIEW OF YOUR FBI RECORD: You have the right to review your FBI record and to complete, or challenge the accuracy of, the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400

5. **Application Processing:** DOPL requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks. An applicant may not begin working in the Contract Security business until the application has been approved.
6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
7. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

8. **Telephone Numbers:** (801) 530-6628
(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
9. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. This is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Contract Security Company. If the applicant is not required to be registered with the Division of Corporations, it is the name of the contract security company or facility where the licensed activity is to be conducted.

GENERAL INFORMATION:

APPLICATION FOR: Replacement of Qualifying Agent for Contract Security Company

BUSINESS LEGAL NAME: _____

Name of Qualifying Agent Being Replaced: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

QUALIFYING AGENT:

Full Name and Title: _____

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Relationship of Qualifying Agent to Contract Security Company: (Check all that apply.)

_____ Officer _____ Director _____ Partner

_____ Proprietor _____ Manager

EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ The Utah Contract Security Law and Rules Exam, Date(s) Taken: _____

QUALIFYING EXPERIENCE REQUIREMENT:

Please attach a resume describing in detail the qualifying agent’s 6,000 hours of qualifying experience as a manager, supervisor, or administrator of a contract security company or as a supervisor of a federal, state, county, or local law enforcement agency. Include information naming the contract security company(s) the qualifying agent worked for and the positions the qualifying agent held with each contract security company or law enforcement agency. Describe in detail the supervisory or administrative responsibilities held in each position.

CONTRACT SECURITY COMPANY QUALIFYING AGENT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT: Complete Part I and submit a copy of the entire document to each Contract Security Company or Law Enforcement Agency where you received qualifying experience.

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Contract Security Company / Law Enforcement Agency: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

2. Contract Security Company / Law Enforcement Agency: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

3. Contract Security Company / Law Enforcement Agency: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

Applicant Signature: _____ Date: _____

(Continued on the reverse.)

**PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE
CONTRACT SECURITY COMPANY or LAW ENFORCEMENT AGENCY:**

Please review Part I of this form and furnish the information requested below. Sign the document, place the completed form in a sealed envelope, and return it to the applicant.

Contract Security Company / Law Enforcement Agency: _____

Answer “yes” or “no.”

_____ Do you agree with the information listed on the reverse side of this page from the applicant?

_____ Would you re-hire the applicant?

_____ Would you recommend that this applicant be approved as a Qualifying Agent?

If “No,” please indicate reason(s): _____

What position did the applicant have with your company? (Please check all that apply.)

_____ Officer _____ Partner _____ Manager

_____ Director _____ Proprietor _____ Other, specify: _____

GENERAL WORK HISTORY:

_____ Outstanding _____ Exceeded Requirements _____ Met Requirements

_____ Needed Improvement _____ Unsatisfactory

I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the contract security company / law enforcement agency I represent is accurate and truthful.

Contract Security Company / Law Enforcement Agency Representative Name:

_____ Title: _____

License Number (if applicable): _____ State of Licensure: _____

Contract Security Company / Law Enforcement Agency Representative Signature:

_____ Date: _____